

LABEL FORMATTED DISK Request Form

COMPANY NAME: _____ DATE: _____
ADDRESS: _____ CONTACT NAME: _____
CITY: _____ STATE _____ ZIP _____ TELEPHONE: _____

PURPOSE OF DATA REQUEST: _____

COMMENTS REGARDING DATA REQUEST: _____

CHOOSE PREFERENCES:

| TYPE | STATUS | SORT | FORMAT | DELIVERY |
|------|--------------|--------------|--|------------------|
| MD | Active | By Zip Code | ASCII 6 line single column labels (<i>Use for continuous labels ie line printers</i>) | Mail CD |
| DO | Inactive | By Last Name | | Call for Pick-Up |
| DPM | Emeritus | By City | CSV file (<i>Use for printing labels from desktop software programs such as MS Office</i>) | |
| LAc | Locum Tenens | | | |
| PA | | | | |

Label formatted address disk has: License Name, Address, City, State, Zip standard.

Please examine your disk carefully upon receipt. Damaged or corrupt disks will be replaced free of charge when returned to the Oregon Medical Board within 30 days of the processing date that is shown on the actual disk.

PRICE LIST: Payment must be made in advance and in U.S. FUNDS ONLY. Make checks payable to: OREGON MEDICAL BOARD. Prices are as follows:

\$100.00 - Standard mailing addresses only.
Fees are set in accordance with OAR 847-005-0005.

Board Use Only: program name: _____

OREGON MEDICAL BOARD
1500 SW First Avenue, Suite 620
Portland, OR 97201-5847
Phone (971) 673-2700
www.oregon.gov/omb

Credit Card Payment

Note: All payment information is confidential, Oregon Medical Board use only.

| | | |
|--|---|--|
| _____ | | \$ _____ |
| Company Name | | Amount |
| _____ | | |
| Printed Name as it Appears on Card | | |
| _____ | _____ | |
| Signature | Phone Number with Area Code | |
| _____ | | |
| Cardholder's Mailing Address | | |
| _____ | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Credit Card Number – VISA, MASTERCARD, OR DISCOVER | | Expiration Date Security Code |